



FIGHTING OWLS BOYS SUMMER BASKETBALL CAMP ENTERING 3RD - 12TH GRADE REGISTRATION FORM



This camp will provide quality instruction in all phases of the game of basketball. Campers will receive individual attention, drills for skill development and the opportunity to experience game competition. Boys Head Basketball Coach Al Schieve along with his assistants will be instructing these camps. Each camper will receive a t-shirt.

We recommend participants register at the Slinger Village Hall prior to June 1 but we also will accept registration on the first day of camp. For more information call Tony Dobson or Josh Feller @ 644-5265.

ENTERING GRADES 3RD - 8TH CAMP

LOCATION: Slinger High School Gym for 5th -8th Graders
Addison Elementary School Gym for 3rd & 4th Graders
DATE/TIME: June 18 - June 21, Monday - Thursday Afternoons from 1:00 - 4:00pm
FEE: \$45 Slinger School District

ENTERING GRADES 9TH - 12TH CAMP

LOCATION: Slinger High School Gym
DATE/TIME: June 18 - June 21, Monday - Thursday Mornings, 9:00am - 12:00pm
FEE: \$45 Slinger School District

**PLEASE MAKE CHECKS OUT TO THE SLINGER PARKS & RECREATION DEPT.
Boys Basketball Camp**

Participant's Name: _____ Home Phone: _____

Parent's Names: _____ Alternate Phone: _____

Address: _____ City: _____

DOB ____/____/____ Age ____ ENTERING GRADE: _____

Are there any Medical Conditions/Disabilities Shirt Size: _____

We should be aware of? Yes ____ No ____

Comments: _____

PLEASE BE SURE TO SIGN LIABILITY WAIVER

I/We the undersigned, do hereby agree to allow the above named to participate in the activity indicated. I am/we are aware of and understand that there may be potential risks inherent with participating in any recreation activity and that the Village of Slinger does not provide accident insurance. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve indemnify and agree to hold harmless the Slinger Parks & Recreation Department, its officers, employees, and other persons for any and all claims, injuries, liabilities, damages or right of action directly or indirectly arising out of use of use of equipment, and/or participation in activities. In the event of a medical emergency I authorize Recreation Department staff to obtain medical treatment for the above signed.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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